

## **INSTRUCTIONS**

### ***For Obtaining a Ky. State ABC Temporary License***

- STEP 1.** Complete this application form. Be sure to list a daytime phone number, fax number, e-mail address in case we need to contact you or send you your license(s).
- STEP 2.** All applicants who do not own the property to be licensed shall attach a lease or letter of permission to use the property from the owner of the real estate where your special temporary event is being held.
- STEP 3.** If the applicant is "for profit" company state law issues temporary licenses in conjunction with organized charitable, civic or community sponsored events. If the charity, civic organization, or community sponsored group has asked you to obtain this temporary license in their behalf, please provide written documentation stating this information.
- STEP 4.** All applicants are responsible for providing a recent copy (no more than 30 days old) of a statewide police criminal background check from all states where you have resided for the past (5) years. For Kentucky dial (502) 928-6381 or go to <http://www.courts.ky.gov>
- STEP 5.** ***We do not accept cash!*** Attach your license fee by certified check, cashier check, money order, or credit card made payable to: Kentucky State Treasurer.
- STEP 6.** Take your application to the Local ABC Administrator in the area your event site is located. Obtain the signature of your local administrator on the bottom of page 3 or make arrangements for the local ABC administrator to mail or fax your approval slip to the Kentucky State ABC Department in Frankfort. You may need to pay a local fee and / or fill out a local application for a local license as well as this state application.
- STEP 7.** Submit your application to the Kentucky Department of A.B.C. well in advance of your special event date to insure ample time for processing. Completed and approved forms not received at least **7 days in advance** cannot be guarantee issuance.

Commonwealth of Kentucky  
**DEPT. OF ALCOHOLIC BEVERAGE CONTROL**  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442  
<http://abc.ky.gov>

#### **Summer –Time Refresher**

Summer-time means picnics, carnivals and other outdoor festivals. For some that means brats, and beer. Beer, distilled spirits, and wine may be sold at these short term events on a temporary ABC license. This note is to remind you that:

1. You must submit your application to the State ABC Office in Frankfort at least 7 days before the event;
2. You are required to submit sworn information regarding the purpose of the license and nature of the event;
3. Effective June 30, 2010, and in conformity with State law, you must submit a criminal background check;
4. Temporary licenses are not intended for just any short term commercial venture, it will be issued only in conjunction with a organized charitable, civic or community sponsored event.
5. KRS 244.060 requires that you purchase your alcoholic beverages for this special temporary event from a licensed Kentucky liquor and wine wholesaler or a licensed Kentucky beer distributor. Your yellow pages of the phone book will have a listing of these companies in your area

## SCHEDULE "TEMPORARY" LICENSE

Applications may be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

(A). Name of person(s) or company to be licensed \_\_\_\_\_

Name of this special event \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

(Where the alcoholic beverages will be sold)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

List the type(s) of temporary license(s) you are applying for \_\_\_\_\_

(B).

1. Amount of fee enclosed...(Make certified check, cashier check or money order payable to **Kentucky State Treasurer**)..... \$ \_\_\_\_\_

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_. Through

(Month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.  
(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?** \_\_\_\_\_

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event?

☐ Yes ☐ No

5. Are you the owner of the real estate where the premises are to be licensed?

☐ Yes ☐ No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner of the real estate. List the real estate owner's name. \_\_\_\_\_

(C). 6.

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

- (D).
7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No  
If yes, list the name of the city or town. \_\_\_\_\_.
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State? ☐ Yes ☐ No
10. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No  
If yes, list your state ABC license number(s).\_\_\_\_\_.
11. Has the applicant or any person named in statement 6 been convicted of any felony in the past five (5) years? ☐ Yes ☐ No  
Has the applicant or any person named in statement 6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? ☐ Yes ☐ No  
If yes, **you must** attach a statement giving a full explanation, including dates of convictions.
12. Has the premises to be licensed or any person listed in this application had a ABC license suspended or revoked, or an ABC application denied? ☐ Yes ☐ No  
If yes, **you must** attach a statement giving a full explanation, including dates of suspension, revocation or denial.
13. Give a brief description of the purpose for this special temporary license.
14. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.

(E).

**AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)**

*I do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.*

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_, Commonwealth of Kentucky

(F).

**OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR**

Your Local ABC Administrator must approve this application schedule before it is forwarded to the State ABC. Take or mail this application schedule, fee and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

☐ City of \_\_\_\_\_ Administrator or the ☐ County of \_\_\_\_\_ Administrator

(G).

**You may now forward this application schedule, all attachments, and your state license fee to:**

Commonwealth of Kentucky  
**Dept. of Alcoholic Beverage Control**  
 1003 Twilight Trail  
 Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
 Fax (502) 564-1442  
<http://www.abc.ky.gov>

## TYPES OF LICENSES & FEES

Check ☒ the boxes for the type(s) of license(s) you are applying for.

To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table.

**Attach a certified check, cashier check, or a money order.**

**Make check payable to: KENTUCKY STATE TREASURER**

**NO CASH!**

LICENSE TYPE	PREFIX	<input checked="" type="checkbox"/>	PER EVENT FEE
<b>TEMPORARY BEER BY THE DRINK</b> <i>Under Ky. Revised Statute KRS 243.290 &amp; 804 KAR 4:250</i>	TB	<input type="checkbox"/>	50.00
<b>TEMPORARY WINE BY THE DRINK</b> <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TW	<input type="checkbox"/>	50.00
<b>TEMPORARY LIQUOR AND WINE BY THE DRINK</b> <i>Under Ky. Revised Statute &amp; Adm. Reg. KRS 243.260 &amp; 804 KAR 4:250</i>	TD	<input type="checkbox"/>	100.00
<b>TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE</b> <i>Under Ky. Revised Statute KRS 243.036</i>	TA	<input type="checkbox"/>	100.00
<b>TOTALS</b>			

### CHECK LIST

- Have you attached a certified check, cashier check, money order, or credit card information payable to: Kentucky State Treasurer? **We do not accept cash!** ☐ Yes ☐ No
- Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
- Have you signed and had your application(s) notarized? ☐ Yes ☐ No
- Have you attached your criminal background record check? ☐ Yes ☐ No
- If the applicant is **"For Profit"** company, have you included sworn information regarding the purpose of the license and nature of the event? ☐ Yes ☐ No ☐ N/A
- Have you attached a lease or letter of permission from the owner of the real estate? ☐ Yes ☐ No ☐ N/A
- Have you had this application signed and approved by your local ABC Administrator? ☐ Yes ☐ No ☐ None

**You may now forward this application schedule, all attachments, and your state license fee to:**

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KY ABC-Remittance Form  
January 19, 2010

Commonwealth of Kentucky  
**Dept. of Alcoholic Beverage Control**  
1003 Twilight Tr.  
Frankfort, Ky. 40601-8400  
<http://abc.ky.gov/>

(502) 564-4850 Phone  
(502) 564-1442 Fax

*If you are making payment with a credit card or by EFT please provide the following information.*

Print Name (as it appears on credit card) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date (Month and Year) \_\_\_\_\_

***Check your method of payment***

AMOUNT \$ \_\_\_\_\_.

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) \_\_\_\_\_, (Routing #) | : \_ \_ \_ \_ \_ | : (Checking Account #) \_ \_ \_ \_ \_ | :

***Reason for your payment***

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) \_\_\_\_\_ (DBA) \_\_\_\_\_

Site I.D.# \_\_\_\_\_. License # \_\_\_\_\_ (Phone) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.